

Case Number:	CM15-0098365		
Date Assigned:	06/01/2015	Date of Injury:	04/10/2009
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old male, who sustained an industrial injury on April 10, 2009. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included epidural steroid injection, magnetic resonance imaging (MRI) and medication. A progress note dated March 13, 2015 the injured worker complains of back pain radiating down the left leg with numbness and shooting pain. He also complains of left foot pain and numbness. He rates the pain 7/10. It is noted previous urine screenings are within normal limits and attempts to wean medications have resulted in decreased function and increased pain. There is mention of a prior request from another physician for transforaminal epidural steroid injection that has not occurred. Epidural steroid injection in the past has been effective. Physical exam notes lumbosacral positive Patrick's maneuver, positive rock maneuver, pain on palpation, painful decreased range of motion (ROM), myofascial pain, positive triggering and positive left straight leg raise. Magnetic resonance imaging (MRI) was reviewed revealing disc bulge, annular tear and stenosis. The plan includes medication and lab work. There is a request for transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Transforaminal ESI (epidural steroid injection) under fluoroscopy, left L5-S1 and left S1:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Transforaminal ESI (epidural steroid injection) under fluoroscopy, left L5-S1 and left S1 is not medically necessary.